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Name of Person Making: Nicole Barrese

Signature: *Nicole Barrese 1/14/05*

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PAGES ATTACHED

10

Re Applic of	Hendrik F. Hamann et al.
Docket No.	FIS920020166US1
Serial No.	10/604,487
Filing Date	07/25/2003
Attorney	Steven Capella

Attached: Amendment Transmittal Letter, &amp; Amendment

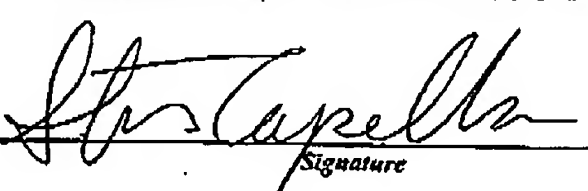
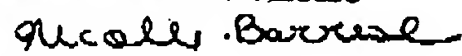
PLEASE DELIVER TO:  
EXAMINER: Maureen G. Arachibia  
ART UNIT: 1763  
PHONE NO: 571-272-1219  
FAX NO: 703-872-9306

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE  
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INTERNATIONAL BUSINESS  
MACHINES CORPORATION

Intellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531

Fax: 845-892-6363  
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Hendrik F. Hamann et al.					FIS920020166US1	
Application No. 10/604,487	Filing Date 07/25/2003	Examiner Maureen G. Arachibia	Customer No. 32074	Group Art Unit 1763	Confirmation No. 1486	
Invention: SYSTEMS AND METHODS OF ALTERING A VERY SMALL SURFACE AREA						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	8 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: _____			
Steven Capella Registration No. 33,086 Telephone No. 845-894-3669 Fax No. 845-892-6363			<b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b> I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 1-14-2005 Name of Person: Nicole Barrese Making Transmission: Nicole Barrese Signature:  1-14-05			
cc: _____						

I hereby certify that this correspondence is being deposited by FACSIMILE to the Commissioner of Patents, PO Box 1450, Alexandria, VA 22313-1450 on January 14, 2004 by Nicole Baresse.

Nicole Baresse 1-15-2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit 1763

In re application of : January 14, 2004  
Hendrik F. Hamann et al. : Examiner: Maureen G. Arachibia  
Serial No. : 10/604,487 :  
Filed: July 25, 2003 : IBM Corporation  
Title: SYSTEMS AND METHODS OF : Dept. 18G/Bldg, 300-482  
ALTERING A VERY SMALL SURFACE : 2070 Route 52  
AREA : Hopewell Junction, NY  
12533-6531

Amendment

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

The following amendment is submitted in response to the office action dated October 15, 2004.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.